

1 / 39

1. NAME OF COMMITTEE (in full) MIKE GRAVEL FOR PRESIDENT 2008											
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1600 N OAK ST #1412						2. IDENTIFICATION NUMBER C00423202					
CITY, STATE, and ZIP CODE ARLINGTON VA 22209						3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General					
4. TYPE OF REPORT (Check here <input type="checkbox"/> if this is a Termination Report.)											
Monthly Report Due On:											
<input type="checkbox"/> April 15 Quarterly Report			<input type="checkbox"/> February 20			<input type="checkbox"/> June 20			<input type="checkbox"/> October 20		
<input type="checkbox"/> July 15 Quarterly Report			<input type="checkbox"/> March 20			<input type="checkbox"/> July 20			<input type="checkbox"/> November 20		
<input type="checkbox"/> October 15 Quarterly Report			<input type="checkbox"/> April 20			<input type="checkbox"/> August 20			<input type="checkbox"/> December 20		
<input checked="" type="checkbox"/> January 31 Year End Report			<input type="checkbox"/> May 20			<input type="checkbox"/> September 20			<input type="checkbox"/> January 31		
<input type="checkbox"/> Twelfth day report preceding _____ (Type of Election)											
election on _____ in the State of _____											
<input type="checkbox"/> Thirtieth day report following the General Election on _____											
on _____											
IS THIS REPORT AN AMENDMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
5. COVERING PERIOD						FROM 10/01/2006			THROUGH 12/31/2006		
SUMMARY		6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD							19191.29		
		7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)							18150.00		
		8. SUBTOTAL (Lines 6 and 7)							37341.29		
		9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)							34072.22		
		10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)							3269.07		
		11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)							0.00		
		12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)							69100.00		
		13. EXPENDITURES SUBJECT TO LIMITATION							89432.99		
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES		14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)							23602.06		
		15. NET OPERATING EXPENDITURES (Subtract Line 20a, Columnn B from 23, Column B, Page 2)							89432.99		
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.											
Type or Print Name of Treasurer Mike Gravel									Date 07/05/2007		
Signature of Treasurer											
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.											
For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100											
FEC FORM 3P (01/2001)											

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**2 / 39**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

MIKE GRAVEL FOR PRESIDENT 2008

Report Covering the Period

From: 10/01/2006

To: 12/31/2006

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	2100.00	23552.06
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	50.00	50.00
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		2150.00	23602.06
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	16000.00	69100.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	16000.00	69100.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	0.00	0.00
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		0.00	0.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	18150.00	92702.06
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	.....	34072.22	89432.99
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	0.00	0.00
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	0.00	0.00
29. OTHER DISBURSEMENTS	.....	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	34072.22	89432.99
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

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1. NAME OF COMMITTEE (in full)**MIKE GRAVEL FOR PRESIDENT 2008****ADDRESS (number and street)**

1600 N OAK ST #1412

CITY, STATE, and ZIP CODE

ARLINGTON VA 22209

2. IDENTIFICATION NUMBER

C00423202

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	3745.00	8545.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	3745.00	8545.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) Dan Beforti		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 250 Northwest St		Amount of Each Receipt this Period 100.00	
City Portsmouth	State NH	Zip Code 03802	
FEC ID number of contributing federal political committee.		Transaction ID: SA17A.4825	
Name of Employer Self Employed	Occupation Investment Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 150.00		
B. Full Name (Last, First, Middle Initial) Augustine Gyamfi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 11311 Trenton Ct		Amount of Each Receipt this Period 100.00	
City Bristow	State VA	Zip Code 20136	
FEC ID number of contributing federal political committee.		contribution	
Name of Employer Self Employed	Occupation Financial Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		
C. Full Name (Last, First, Middle Initial) Michael Mahoney		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 77 Murray Ave		Amount of Each Receipt this Period 500.00	
City Larkstur	State CA	Zip Code 94939	
FEC ID number of contributing federal political committee.		contribution	
Name of Employer Self Employed	Occupation Funds Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		
Transaction ID: SA17A.4812			

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. ALLAN MATTHEWS

Mailing Address

900 N TAYLOR ST

#624

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

Name of Employer
SELF EMPLOYED

Occupation
RETIRED

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 6

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Transaction ID: SA17A.4745

Full Name (Last, First, Middle Initial)

B. Molly McCrink

Mailing Address

1909 Franklin Ave

City

Seattle

State

WA

Zip Code

98102

FEC ID number of contributing
federal political committee.

Name of Employer
Department of Education

Occupation
Teacher

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 6

Amount of Each Receipt this Period

200.00

contribution

Transaction ID: SA17A.4808

Full Name (Last, First, Middle Initial)

C. Joseph Pagano

Mailing Address

284 Foam Street

City

Monterey

State

CA

Zip Code

93940

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

2008

☒ X

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Amount of Each Receipt this Period

50.00

contribution

Transaction ID: SA17A.4804

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) Catherine Stahor			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y															
1	0		1	1		2	0	0	6															
Mailing Address 108 Lincoln Place			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>		50.00																			
50.00																								
City	State	Zip Code	contribution																					
MASSAPEQUA	NY	11758																						
FEC ID number of contributing federal political committee.																								
Name of Employer Self Employed		Occupation																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00										Transaction ID: SA17A.4810											
50.00																								
B. Full Name (Last, First, Middle Initial) RICHARD THOMAS			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y															
1	1		2	7		2	0	0	6															
Mailing Address 535 ROGERS AVENUE			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																								
City	State	Zip Code																						
WEST SPRINGFIELD	MA	01089																						
FEC ID number of contributing federal political committee.																								
Name of Employer		Occupation																						
		RETIRED																						
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00										Transaction ID: SA17A.4806											
1000.00																								

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

2100.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Voters for William Jacobs

Full Name (Last, First, Middle Initial)

Mailing Address

17718 King William Court

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Amount of Each Receipt this Period

50.00

contribution

Transaction ID: SA17C.4818

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

A. Full Name (Last, First, Middle Initial) Mike Gravel Mailing Address 1600 N Oak St #1412 City State Zip Code Arlington VA 22209 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Amount of Each Receipt this Period 5000.00 LOAN FROM CANDIDATE Transaction ID: SA19A.4726
Name of Employer Retired Senator Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 58100.00		
B. Full Name (Last, First, Middle Initial) Mike Gravel Mailing Address 1600 N Oak St #1412 City State Zip Code Arlington VA 22209 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6 Amount of Each Receipt this Period 6000.00 LOAN FROM CANDIDATE Transaction ID: SA19A.4743
Name of Employer Retired Senator Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 64100.00		
C. Full Name (Last, First, Middle Initial) Mike Gravel Mailing Address 1600 N Oak St #1412 City State Zip Code Arlington VA 22209 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6 Amount of Each Receipt this Period 5000.00 LOAN FROM CANDIDATE Transaction ID: SA19A.4744
Name of Employer Retired Senator Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 69100.00		

SUBTOTAL of Receipts This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

16000.00

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. ADWORKS STANTON BARKER

Mailing Address PO Box 451

City
Portsmouth

State
NH

Zip Code
03802

Purpose of Disbursement
PRINTING

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4754

Date of Disbursement

12 / 04 / 2006

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

B. AMTRAK INTERCITY

Mailing Address 110 Callahan Drive,

City
Alexandria

State
VA

Zip Code
22301

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4666

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

14.00

Full Name (Last, First, Middle Initial)

C. AMTRAK INTERCITY

Mailing Address 110 Callahan Drive,

City
Alexandria

State
VA

Zip Code
22301

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4687

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

200.60

SUBTOTAL of Disbursements This Page (optional)

1164.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 39

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. JAMES BRAUNER

Mailing Address 1515 N WARSON RD

City
SAINT LOUIS

State
MO

Zip Code
63132

Purpose of Disbursement
CONSULTING FEE - EVENTS COORDINATOR

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4672

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. JAMES BRAUNER

Mailing Address 1515 N WARSON RD

City
SAINT LOUIS

State
MO

Zip Code
63132

Purpose of Disbursement
CONSULTANT FEE- FUNDRAISING

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4763

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. COMCAST ONLINE

Mailing Address P.O. BOX 196

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4690

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

94.58

SUBTOTAL of Disbursements This Page (optional)

1094.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. COMCAST ONLINE

Mailing Address P.O. BOX 196

City
NEWARK

State
NJ

Zip Code
07101

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4793

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

102.50

Full Name (Last, First, Middle Initial)

B. ENTERPRISE RENT-A-CAR

Mailing Address 5800 FLEUR DR

City
DES MOINES

State
IA

Zip Code
50321

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4693

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

631.56

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 5800 FLEUR DR

City
DES MOINES

State
IA

Zip Code
50321

Purpose of Disbursement
TRAVEL EXPENSES REFUND

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4717

Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

-200.00

SUBTOTAL of Disbursements This Page (optional)

534.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. FEDEX KINKO'S

Mailing Address 10 Fort Eddy Rd

City Concord State NH Zip Code 03301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4700

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

66.98

Full Name (Last, First, Middle Initial)

B. Augustine Gyamfi

Mailing Address 11311 Trenton Ct

City Bristow State VA Zip Code 20136

Purpose of Disbursement
CONSULTING FEE- ACCT. AND BOOKEEPING

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4698

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. HANNAFORD BROS CO

Mailing Address PO BOX 1000

City Portland State MP Zip Code 04104

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4773

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

80.63

SUBTOTAL of Disbursements This Page (optional)

2147.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. ELLIOT JACKSON

Mailing Address 4821 N. 9TH ST

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
CONSULTANT FEE

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4657

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. ELLIOT JACKSON

Mailing Address 4821 N. 9TH ST

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
CONSULTANT FEES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4661

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. ELLIOT JACKSON

Mailing Address 4821 N. 9TH ST

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
CONSULTING FEES REFUND

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4669

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

-3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. ELLIOT JACKSON

Mailing Address 4821 N. 9TH ST

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
CONSULTING FEES - FUNDRAISING

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4689

Date of Disbursement

10 / 24 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. ELLIOT JACKSON

Mailing Address 4821 N. 9TH ST

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
CONSULTANT FEE - FUNDRAISING

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4761

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. ELLIOT JACKSON

Mailing Address 4821 N. 9TH ST

City
ARLINGTON

State
VA

Zip Code
22203

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4796

Date of Disbursement

12 / 26 / 2006

Amount of Each Disbursement this Period

678.00

SUBTOTAL of Disbursements This Page (optional)

6678.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. Spencer McNeil

Mailing Address 10 Walnut Hill Park
Suite 500

City Wooburn State MA Zip Code 01801

Purpose of Disbursement
CONSULTING FEE - EVENTS COORDINATION

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4686

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. NETWORK GUILD LLC

Mailing Address 1068 TREVINO LN

City HENDON State VA Zip Code 20170

Purpose of Disbursement
WEBSITE MANAGEMENT

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4664

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NETWORK GUILD LLC

Mailing Address 1068 TREVINO LN

City HENDON State VA Zip Code 20170

Purpose of Disbursement
CONSULTING FEE - WEBSITE MANAGEMENT

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4697

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. NETWORK GUILD LLC

Mailing Address 1068 TREVINO LN

City
HENDON

State
VA

Zip Code
20170

Purpose of Disbursement
CONSULTANT FEE - WEBSITE MAGT

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4762

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

B. NOVA INFORMATION SYSTEMS

Mailing Address One Concourse Pkwy
Suite 300

City
Atlanta

State
GA

Zip Code
30328

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4658

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

60.00

C. NOVA INFORMATION SYSTEMS

Mailing Address One Concourse Pkwy
Suite 300

City
Atlanta

State
GA

Zip Code
30328

Purpose of Disbursement
MERCHANT PROCESSING FEES REFUND

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4670

Date of Disbursement

10 / 10 / 2006

Amount of Each Disbursement this Period

-25.00

SUBTOTAL of Disbursements This Page (optional)

2535.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. NOVA INFORMATION SYSTEMS

Mailing Address One Concourse Pkwy
Suite 300

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4703

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

60.15

Full Name (Last, First, Middle Initial)

B. NOVA INFORMATION SYSTEMS

Mailing Address One Concourse Pkwy
Suite 300

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
MERCHANT PROCESSING FEES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4752

Date of Disbursement

12 / 01 / 2006

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. ELLEN REYNOLDS

Mailing Address 7 ROBINSON LANE

City MOUNT PRESENT State ME Zip Code 04660

Purpose of Disbursement
RENTAL

Candidate Name

104
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4656

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

1200.00

SUBTOTAL of Disbursements This Page (optional)

1320.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. ELLEN REYNOLDS

Mailing Address 7 ROBINSON LANE

City
MOUNT PRESENT

State
ME

Zip Code
04660

Purpose of Disbursement
RENT NEW HEMPHSHIRE OFFICE

Candidate Name

104
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4750

Date of Disbursement

11 / 28 / 2006

Amount of Each Disbursement this Period

1345.00

Full Name (Last, First, Middle Initial)

B. ELLEN REYNOLDS

Mailing Address 7 ROBINSON LANE

City
MOUNT PRESENT

State
ME

Zip Code
04660

Purpose of Disbursement
RENTAL - NEW HEMPSHIRE

Candidate Name

104
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4771

Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. SOUTWEST AIRLINES

Mailing Address 156 Mescal Loop

City
Lake Havasu City

State
AZ

Zip Code
86403

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4732

Date of Disbursement

11 / 16 / 2006

Amount of Each Disbursement this Period

231.10

SUBTOTAL of Disbursements This Page (optional)

2776.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address 156 Mescal Loop

City Lake Havasu City State AZ Zip Code 86403

Purpose of Disbursement
TRAVEL EXPENSE REFUND

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4737

Date of Disbursement

11 / 21 / 2006

Amount of Each Disbursement this Period

-231.10

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 156 Mescal Loop

City Lake Havasu City State AZ Zip Code 86403

Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4738

Date of Disbursement

11 / 24 / 2006

Amount of Each Disbursement this Period

99.30

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 156 Mescal Loop

City Lake Havasu City State AZ Zip Code 86403

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4739

Date of Disbursement

11 / 24 / 2006

Amount of Each Disbursement this Period

99.30

SUBTOTAL of Disbursements This Page (optional)

-32.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address 156 Mescal Loop

City Lake Havasu City State AZ Zip Code 86403

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4740

Date of Disbursement

11 / 24 / 2006

Amount of Each Disbursement this Period

59.30

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 156 Mescal Loop

City Lake Havasu City State AZ Zip Code 86403

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4741

Date of Disbursement

11 / 24 / 2006

Amount of Each Disbursement this Period

59.30

Full Name (Last, First, Middle Initial)

C. SOUTHWEST AIRLINES

Mailing Address 156 Mescal Loop

City Lake Havasu City State AZ Zip Code 86403

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4751

Date of Disbursement

11 / 30 / 2006

Amount of Each Disbursement this Period

108.10

SUBTOTAL of Disbursements This Page (optional)

226.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address 156 Mescal Loop

City Lake Havasu City State AZ Zip Code 86403

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4783

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

56.00

Full Name (Last, First, Middle Initial)

B. SPEECH SOLUTIONS INC

Mailing Address FALKSTONE LN,

City ALEZANDRIA State VA Zip Code 22309

Purpose of Disbursement
CONSULTANT FEES - MEDIA

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4765

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 910 North Glebe Road

City Arlington State VA Zip Code 22203

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4694

Date of Disbursement

10 / 27 / 2006

Amount of Each Disbursement this Period

95.49

SUBTOTAL of Disbursements This Page (optional)

276.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 910 North Glebe Road

City Arlington State VA Zip Code 22203

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4757

Date of Disbursement

12 / 05 / 2006

Amount of Each Disbursement this Period

97.97

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 910 North Glebe Road

City Arlington State VA Zip Code 22203

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4772

Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

233.37

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 910 North Glebe Road

City Arlington State VA Zip Code 22203

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4774

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

79.99

SUBTOTAL of Disbursements This Page (optional)

411.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 910 North Glebe Road

City Arlington State VA Zip Code 22203

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4785

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

107.93

Full Name (Last, First, Middle Initial)

B. THE COMMON MAN DINNING ROOM

Mailing Address 25 WATER STREET

City CONCORDE State NH Zip Code 03301

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4699

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

142.00

Full Name (Last, First, Middle Initial)

C. THE COMMON MAN DINNING ROOM

Mailing Address 25 WATER STREET

City CONCORDE State NH Zip Code 03301

Purpose of Disbursement
TRAVEL

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4766

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

96.42

SUBTOTAL of Disbursements This Page (optional)

346.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. Toshiba America, Inc.

Mailing Address 1251 Avenue of the Americas
Suite 4110

City State Zip Code
New York NY 10020

Purpose of Disbursement
OFFICE EQUIPMENT

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4678

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

1723.68

Full Name (Last, First, Middle Initial)

B. UNITED AIR

Mailing Address 1 United Sales Center

City State Zip Code
CHICAGO IL 60666

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4734

Date of Disbursement

11 / 17 / 2006

Amount of Each Disbursement this Period

109.30

Full Name (Last, First, Middle Initial)

C. UNITED AIR

Mailing Address 1 United Sales Center

City State Zip Code
CHICAGO IL 60666

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4735

Date of Disbursement

11 / 17 / 2006

Amount of Each Disbursement this Period

109.30

SUBTOTAL of Disbursements This Page (optional)

1942.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. UNITED AIR

Mailing Address 1 United Sales Center

City
CHICAGO

State
IL

Zip Code
60666

Purpose of Disbursement
TRAVEL EXPENSE REFUND

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4736

Date of Disbursement

11 / 20 / 2006

Amount of Each Disbursement this Period

-109.30

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Mailing Address 2345 CRYSTAL DVE

City
ARLINGTON

State
VA

Zip Code
22227

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4682

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

237.10

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 2345 CRYSTAL DVE

City
ARLINGTON

State
VA

Zip Code
22227

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4683

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

197.10

SUBTOTAL of Disbursements This Page (optional)

324.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 2345 CRYSTAL DVE

City ARLINGTON State VA Zip Code 22227

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4702

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Mailing Address 2345 CRYSTAL DVE

City ARLINGTON State VA Zip Code 22227

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4710

Date of Disbursement

11 / 03 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 2345 CRYSTAL DVE

City ARLINGTON State VA Zip Code 22227

Purpose of Disbursement
TRAVEL EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4733

Date of Disbursement

11 / 17 / 2006

Amount of Each Disbursement this Period

138.60

SUBTOTAL of Disbursements This Page (optional)

338.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. US NEWswire CORP

Mailing Address Washington DC Office

City Washington State DC Zip Code 20005

Purpose of Disbursement
MEDIA EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4665

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. US NEWswire CORP

Mailing Address Washington DC Office

City Washington State DC Zip Code 20005

Purpose of Disbursement
MEDIA EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4764

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

245.00

Full Name (Last, First, Middle Initial)

C. US NEWswire CORP

Mailing Address Washington DC Office

City Washington State DC Zip Code 20005

Purpose of Disbursement
MEDIA EXPENSES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4791

Date of Disbursement

12 / 20 / 2006

Amount of Each Disbursement this Period

490.00

SUBTOTAL of Disbursements This Page (optional)

835.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address 4238 Wilson Blvd

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4680

Date of Disbursement

10 / 12 / 2006

Amount of Each Disbursement this Period

252.31

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address 4238 Wilson Blvd

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4719

Date of Disbursement

11 / 08 / 2006

Amount of Each Disbursement this Period

139.64

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address 4238 Wilson Blvd

City
Arlington

State
VA

Zip Code
22203

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4792

Date of Disbursement

12 / 22 / 2006

Amount of Each Disbursement this Period

187.39

SUBTOTAL of Disbursements This Page (optional)

579.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. VONAGE USA

Mailing Address 23 Main St.

City
Holmdel

State
NJ

Zip Code
07733

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4720

Date of Disbursement

11 / 10 / 2006

Amount of Each Disbursement this Period

54.73

Full Name (Last, First, Middle Initial)

B. VONAGE USA

Mailing Address 23 Main St.

City
Holmdel

State
NJ

Zip Code
07733

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4749

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

47.27

Full Name (Last, First, Middle Initial)

C. VONAGE USA

Mailing Address 23 Main St.

City
Holmdel

State
NJ

Zip Code
07733

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4779

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

58.69

SUBTOTAL of Disbursements This Page (optional)

160.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. VONAGE USA

Mailing Address 23 Main St.

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement
TELEPHONE/INTERNET

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4797

Date of Disbursement

12 / 26 / 2006

Amount of Each Disbursement this Period

47.53

Full Name (Last, First, Middle Initial)

B. Wachovia Bank

Mailing Address P.O. Box 563966

City Charlotte State NC Zip Code 28262

Purpose of Disbursement
BANK SERVICE CHARGES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4677

Date of Disbursement

10 / 11 / 2006

Amount of Each Disbursement this Period

39.00

Full Name (Last, First, Middle Initial)

C. Wachovia Bank

Mailing Address P.O. Box 563966

City Charlotte State NC Zip Code 28262

Purpose of Disbursement
BANK SERVICE CHARGES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4780

Date of Disbursement

12 / 11 / 2006

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional) ►

98.53

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3P) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address P.O. Box 563966

City
Charlotte

State
NC

Zip Code
28262

Purpose of Disbursement
BANK SERVICES CHARGES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4784

Date of Disbursement

12 / 12 / 2006

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

B. Wachovia Bank

Mailing Address P.O. Box 563966

City
Charlotte

State
NC

Zip Code
28262

Purpose of Disbursement
BANK SERVICE CHARGES

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.4790

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

105.00

SUBTOTAL of Disbursements This Page (optional)

175.00

TOTAL This Period (last page this line number only)

32432.81

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4619

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mike Gravel, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address 1600 N Oak St
#1412

City Arlington State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
1 7Y Y Y Y
2 0 0 6

12/31/2008

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4621

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mike Gravel, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address 1600 N Oak St
#1412

City Arlington State VA ZIP Code 22209

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 4Y Y Y Y
2 0 0 6

12/31/2008

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

30000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4629

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mike Gravel, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address 1600 N Oak St
#1412

City Arlington State VA ZIP Code 22209

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 7D D
2 4Y Y Y Y
2 0 0 6

12/31/2008

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4622

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mike Gravel, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address 1600 N Oak St
#1412

City Arlington State VA ZIP Code 22209

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 7Y Y Y Y
2 0 0 6

12/31/2006

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4623

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mike Gravel, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address 1600 N Oak St
#1412

City Arlington State VA ZIP Code 22209

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 9D D
2 7Y Y Y Y
2 0 0 6

12/31/2008

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

100.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4726

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mike Gravel, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address 1600 N Oak St
#1412

City Arlington State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
2 5Y Y Y Y
2 0 0 6

12/31/2008

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4743

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mike Gravel, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address 1600 N Oak St
#1412

City Arlington State VA ZIP Code 22209

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
3 0Y Y Y Y
2 0 0 6

12/31/2008

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3P)**LOANS**Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 19a
☐ 19b

NAME OF COMMITTEE (In Full)

MIKE GRAVEL FOR PRESIDENT 2008

Transaction ID: SC/12.4744

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mike Gravel, - Personal funds

Election:

☒ Primary
☐ General
☐ Other (specify) ▼Mailing Address 1600 N Oak St
#1412

City Arlington State VA ZIP Code 22209

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 2D D
1 8Y Y Y Y
2 0 0 6

12/31/2008

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000.00

TOTALS This Period (last page in this line only) ▶

69100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.